



Read Only

imMTrax User Role Training

Montana Department of Health
and Human Services
Public Health and Safety
Division

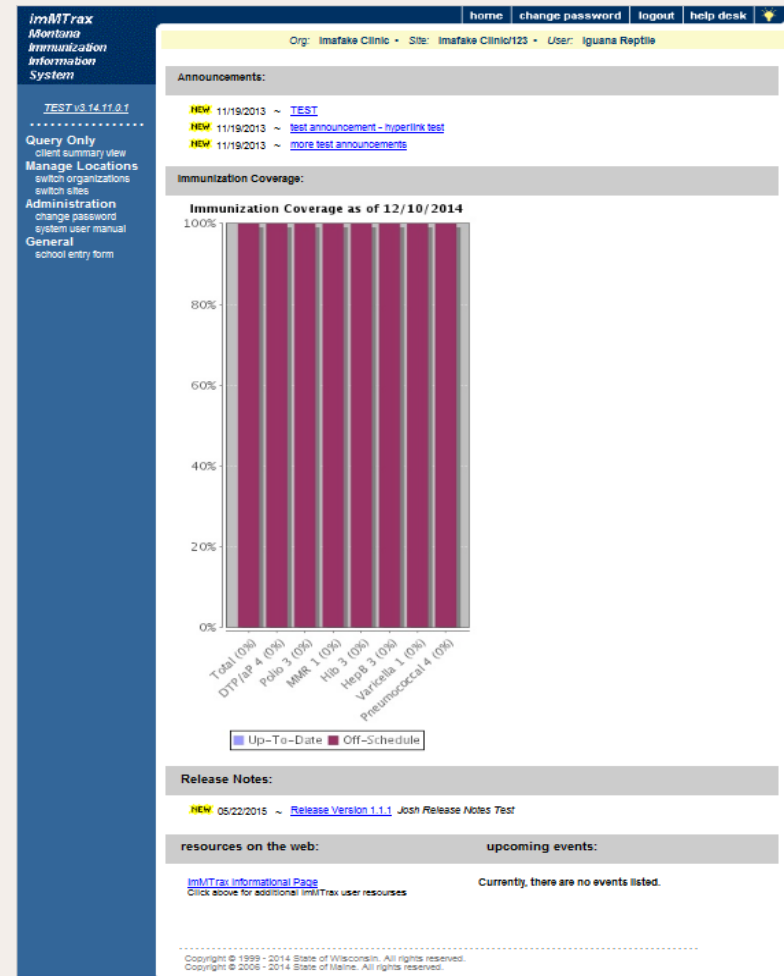
Last Update 12/11/2014

Accessible Features, Read Only

- View client immunization records
 - *client summary view*
- Print client immunization records and reports

NOTE

Montana has a voluntary inclusion or “opt-in” policy requiring client consent for imMTrax participation. Any client with a consent status of *denied* or *undetermined* will be unavailable for viewing to a Read Only user.

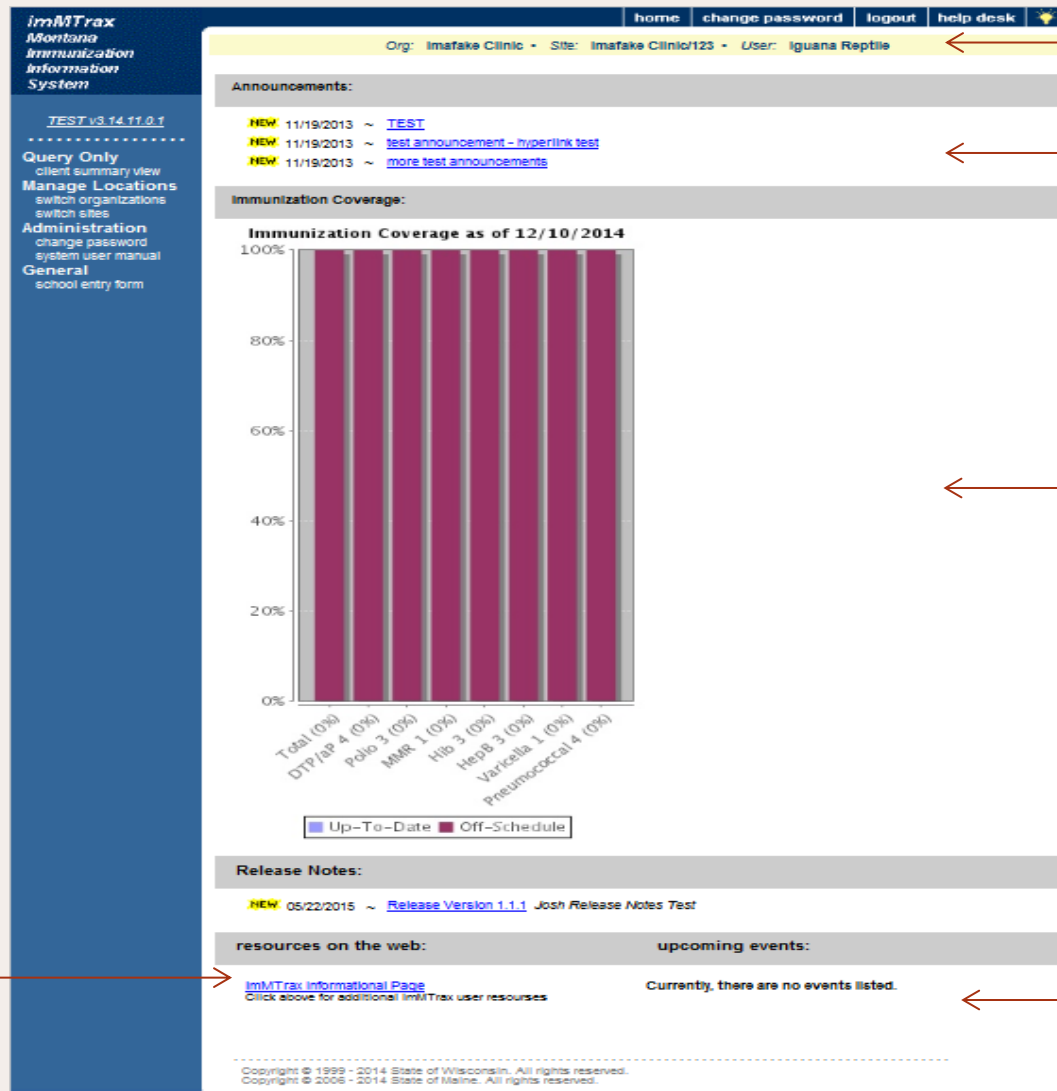


Read Only access roles do not include the ability to enter or edit information.

imMTrax Homepage, Read Only

Available
Functions

Link to
imMTrax
Information
Page



Organization,
Site and User

Announcements
review with each imMTrax login

Immunization
Coverage

if applicable, users may see a
graph populated in this
section

Upcoming Events
used to alert users to upcoming
training opportunities

Client Summary View, Read Only

Begin your search by selecting *Client Summary View*.

Once your search criteria is entered, click the *Find* button.

Using broad search criteria will yield better results. Try entering the first few letters of the last and first name, or search only by date of birth.



Clients without documented consent are not available for viewing until consent has been obtained and updated.

Client Summary View, Read Only

Most clients in imMTrax have consent documented. Under *client summary view*, select the client's last name to proceed to viewing and printing immunization reports.

imMTrax
Montana
Immunization
Information
System

TEST v3.14.11.0.1
.....

Query Only
client summary view

Manage Locations
switch organizations
switch sites

Administration
change password
system user manual

General
school entry form

homechange passwordlogouthelp desk

Org: Imafake Clinic • Site: Imafake Clinic/123 • User: Iguana Reptile

Client Search Criteria

Last Name*

SSN

Find

First Name*

Phone

Birth Date*

Chart#

Mother's First Name

imMTrax ID

Mother's Maiden Last

Organization ID

Medical Home Association

* Fields displayed in *italics* are required for adding new patients.

Possible Matches: 2

Index

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

Last Name	First Name	Middle Name	imMTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender
FROG	KERMITT		4266145	05/16/1955				M
FROG	KIKI		3904273	01/29/2011				F

Clients without documented consent are not available for viewing until consent has been obtained and updated.

Client Summary View, Read Only

Clients who have either a consent status as *denied* or *undetermined* will be unavailable for viewing by a Read Only user.

imMTrax
Montana
Immunization
Information
System

TEST v3.14.11.0.1

Query Only
client summary view
last client

Manage Locations
switch organizations
switch sites

Administration
change password
system user manual

General
school entry form

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/123 • User: Iguana Reptile

Client Search Criteria

Last Name* soup SSN - - Find

First Name* p Phone - -

Birth Date* 08/17/1985 Chart#

Mother's First Name imMTrax ID

Mother's Maiden Last Organization ID

Medical Home Association

* Fields displayed in *italics* are required for adding new patients.

Possible Matches: 2

Last Name	First Name	Middle Name	imMTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender
SOUP	PLAIN		4415462	08/17/1985				F
The above client has not consented. Please contact your local public health department for further information. Consent Form								
SOUP	POLLET		4352808	12/12/2012		POTATO		M
The above client has denied consent. Please contact your local public health department for further information. Consent Form								

If an update needs to be made to a client's consent status, please contact either a user at your location with the ability to update consent or your local health department.

Client Summary View, Read Only

Demographic Information

Immunization History

Immunizations Recommended (based on selected tracking schedule)

[home](#)
[change password](#)
[logout](#)
[help desk](#)

Org: Imafake Clinic • Site: Imafake Clinic/123 • User: Iguana Reptile

Client Information
VFC Eligible: No
 [Print](#)
[Print Confidential](#)
[Reports](#)
[Cancel](#)

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
KERMITT FROG	05/16/1955	M		ACIP	
Provider (PCP)	Not on file				
School	Not on file				
Funding P/E	Not Eligible				
Insurance Providers	No Insurance Providers on file				
Contraindications/Events					

Responsible Person Information

Name	Relationship	Address	Phone	Notices?
KERMIT FROG	Self	123 Muppet Lane, Bearcreek, MT 59007		Yes

History
[Return](#)

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?
Hep B	09/02/2000	1 of 3			No		Yes
Influenza	10/13/2012	Booster			No		Yes
	10/03/2013	Booster			No		Yes
	11/14/2014	Booster			No		Yes
Pneumo-Poly	11/14/2014	1 of 2			No		Yes
Tdap > 7 years	11/14/2014	1 of 1			No		Yes

Current Age: 59 years, 6 months, 22 days

Vaccines Recommended by Selected Tracking Schedule
 Non-validated doses are not included in the forecasting logic.
 Non-validated doses should be confirmed.

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
Hep A	05/16/1956	05/16/1956	05/16/1957	
Hep B	09/30/2000	09/30/2000	11/02/2000	
Influenza	12/12/2014	11/14/2015	11/14/2015	
Pneumo-Poly	11/14/2017	11/14/2019	12/14/2019	
Polio	06/27/1955	07/16/1955	08/16/1955	
Td	12/12/2014	12/14/2014	01/14/2015	
Tdap > 7 years	Complete			
Varicella	05/16/1968	05/16/1968	05/16/1968	
Zoster	05/16/2015	05/16/2015	05/16/2016	

Yellow = Can Administer Green = Due Blue = Overdue Pink = Completed or Invalid
[View Explanation of Schedule Highlighting](#)

Client Summary View, Read Only

Occasionally, a previous immunization may be shown with the designation *NOT VALID*.

Selecting the Date Administered of the *NOT VALID* immunization will prompt a pop-up with more information.

[home](#)
[change password](#)
[logout](#)
[help desk](#)

Org: Imafake Clinic • Site: Imafake Clinic/123 • User: Iguana Reptile

Client Information
VFC Eligible: No
 Print
 Print Confidential
 Reports
 Cancel

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
KERMITT FROG	05/16/1955	M		ACIP	
Provider (PCP)	Not on file				
School	Not on file				
Funding P/E	Not Eligible				
Insurance Providers	No Insurance Providers on file				
Contraindications/Events					

Responsible Person Information

Name	Relationship	Address	Phone	Notices?
KERMIT FROG	Self	123 Muppet Lane, Bearcreek, MT 59007		Yes

History
Return

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?
Hep B	09/02/2000	1 of 3			No		Yes
	09/15/2000	NOT VALID			No		Yes
Influenza	10/13/2012	Booster			No		Yes
	10/03/2013	Booster			No		Yes
	11/14/2014	Booster			No		Yes
Pneumo-Poly	11/14/2014	1 of 2			No		Yes
Tdap > 7 years	11/14/2014	1 of 1			No		Yes

Current Age: 59 years, 6 months, 22 days

Vaccines Recommended by Selected Tracking Schedule
 Non-validated doses are not included in the forecasting logic.
 Non-validated doses should be confirmed.

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
Hep A	05/16/1956	05/16/1956	05/16/1957	
Hep B	10/13/2000	10/13/2000	11/15/2000	
Influenza	12/12/2014	11/14/2015	11/14/2015	
Pneumo-Poly	11/14/2017	11/14/2019	12/14/2019	
Polio	06/27/1955	07/16/1955	08/16/1955	
Td	12/12/2014	12/14/2014	01/14/2015	
Tdap > 7 years	Complete			
Varicella	05/16/1968	05/16/1968	05/16/1968	
Zoster	05/16/2015	05/16/2015	05/16/2016	

Yellow = Can Administer Green = Due Blue = Overdue Pink = Completed or Invalid
[View Explanation of Schedule Highlighting](#)

Client Summary View, Read Only

https://immtrax-test.hhs.mt.gov/?scheduleId=2057&vaccineGroupId=12&seriesId=7565&doselId=17566&r - Windo...

Explanation of Status
Dose was given too soon after the previous dose.

Series: Hep B {Vaccine Group: Hep B}

Dose	Min Age	Min Rec Age	Min Overdue Age	Min Valid Interval	Min Interval Between	Rec Interval Between	Overdue Interval Between	Max Age
1			3 M					
2	28 D	1 M	3 M		28 D	1 M	2 M	
3	168 D	6 M	19 M	168 D	56 D	2 M	3 M	

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home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/123 • User: Iguana Reptile

VFC Eligible: No Print Print Confidential Reports Cancel

MI - Last) DOB Gender Mother's Maiden Tracking Schedule Chart #
05/16/1955 M ACIP

Not on file
Not on file
Not Eligible
No Insurance Providers on file

Person Information

Relationship	Address	Phone	Notices?
Self	123 Muppet Lane, Bearcreek, MT 59007		Yes

Return

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?
Hep B	05/16/1956	1 of 3			No		Yes
	09/15/2000	NOT VALID			No		Yes
Influenza	10/13/2013	Booster			No		Yes
	10/03/2013	Booster			No		Yes
	11/14/2014	Booster			No		Yes
Pneumo-Poly	11/14/2014	1 of 2			No		Yes
Tdap > 7 years	11/14/2014	1 of 1			No		Yes
Current Age: 59 years, 6 months, 22 days							
Vaccines Recommended by Selected Tracking Schedule							
Non-validated doses are not included in the forecasting logic. Non-validated doses should be confirmed.							
Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date			
Hep A	05/16/1956	05/16/1956	05/16/1957				
Hep B	10/13/2000	10/13/2000	11/15/2000				
Influenza	12/12/2014	11/14/2015	11/14/2015				
Pneumo-Poly	11/14/2017	11/14/2019	12/14/2019				
Polio	06/27/1955	07/16/1955	08/16/1955				
Td	12/12/2014	12/14/2014	01/14/2015				
Tdap > 7 years	Complete						
Varicella	05/16/1968	05/16/1968	05/16/1968				
Zoster	05/16/2015	05/16/2015	05/16/2016				

Yellow = Can Administer Green = Due Blue = Overdue Pink = Completed or Invalid
View Explanation of Schedule Highlighting

Client Summary View, Read Only

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/123 • User: Iguana Reptile

Client Information VFC Eligible: No **Print** **Print Confidential** **Reports** **Cancel**

Client Name (First - MI - Last) DOB Gender Mother's Maiden Tracking Schedule Chart #
 KERMITT FROG 05/16/1955 M Not on file ACIP

Provider (PCP) Not on file
 School Not on file
 Funding P/E Not Eligible
 Insurance Providers No Insurance Providers on file
 Contraindications/Events

Responsible Person Information

Name	Relationship	Address	Phone	Notices?
KERMIT FROG	Self	123 Muppet Lane, Bearcreek, MT 59007		Yes

History **Return**

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?
Hep B	09/02/2000	1 of 3			No		Yes
	09/15/2000	NOT VALID			No		Yes
Influenza	10/13/2012	Booster			No		Yes
	10/03/2013	Booster			No		Yes
	11/14/2014	Booster			No		Yes
Pneumo-Poly	11/14/2014	1 of 2			No		Yes
Tdap > 7 years	11/14/2014	1 of 1			No		Yes

Current Age: 59 years, 6 months, 22 days

Vaccines Recommended by Selected Tracking Schedule
 Non-validated doses are not included in the forecasting logic.
 Non-validated doses should be confirmed.

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
Hep A	05/16/1956	05/16/1956	05/16/1957	
Hep B	10/13/2000	10/13/2000	11/15/2000	
Influenza	12/12/2014	11/14/2015	11/14/2015	
Pneumo-Poly	11/14/2017	11/14/2019	12/14/2019	
Polio	06/27/1955	07/16/1955	08/16/1955	
Td	12/12/2014	12/14/2014	01/14/2015	
Tdap > 7 years		Complete		
Varicella	05/16/1968	05/16/1968	05/16/1968	
Zoster	05/16/2015	05/16/2015	05/16/2016	

Yellow = Can Administer Green = Due Blue = Overdue Pink = Completed or Invalid
 View Explanation of Schedule Highlighting

Print directs the user to a page for printing the client's information as-is (removes the organization and user information)

Client Information VFC Eligible: No **Print** **Print Confidential** **Reports** **Cancel**

Client Name (First - MI - Last) DOB Gender Mother's Maiden Tracking Schedule Chart #
 KERMITT FROG 05/16/1955 M Not on file ACIP

Provider (PCP) Not on file
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Responsible Person Information

Name	Relationship	Address	Phone	Notices?
KERMIT FROG	Self	123 Muppet Lane, Bearcreek, MT 59007		Yes

History **Return**

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?
Hep B	09/02/2000	1 of 3			No		Yes
	09/15/2000	NOT VALID			No		Yes
Influenza	10/13/2012	Booster			No		Yes
	10/03/2013	Booster			No		Yes
	11/14/2014	Booster			No		Yes
Pneumo-Poly	11/14/2014	1 of 2			No		Yes
Tdap > 7 years	11/14/2014	1 of 1			No		Yes

Current Age: 59 years, 6 months, 25 days

Vaccines Recommended by Selected Tracking Schedule
 Non-validated doses are not included in the forecasting logic.
 Non-validated doses should be confirmed.

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
Hep A	05/16/1956	05/16/1956	05/16/1957	
Hep B	10/13/2000	10/13/2000	11/15/2000	
Influenza	12/12/2014	11/14/2015	11/14/2015	
Pneumo-Poly	11/14/2017	11/14/2019	12/14/2019	
Polio	06/27/1955	07/16/1955	08/16/1955	
Td	12/12/2014	12/14/2014	01/14/2015	
Tdap > 7 years		Complete		
Varicella	05/16/1968	05/16/1968	05/16/1968	
Zoster	05/16/2015	05/16/2015	05/16/2016	

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 View Explanation of Schedule Highlighting

Page will not print automatically. The user will have to make selection to print the page (File -> Print, etc)

Client Summary View, Read Only

Org: Imafake Clinic • Site: Imafake Clinic/123 • User: Iguana Reptile

home change password logout help desk

Client Information VFC Eligible: No Print **Print Confidential** Reports Cancel

Client Name (First - MI - Last) DOB Gender Mother's Maiden Tracking Schedule Chart #
 KERMITT FROG 05/16/1955 M ACIP

Provider (PCP) Not on file
 School Not on file
 Funding P/E Not Eligible
 Insurance Providers No Insurance Providers on file
 Contraindications/Events

Responsible Person Information

Name	Relationship	Address	Phone	Notices?
KERMIT FROG	Self	123 Muppet Lane, Bearcreek, MT 59007		Yes

History Return

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?
Hep B	09/02/2000	1 of 3			No		Yes
	09/15/2000	NOT VALID			No		Yes
Influenza	10/13/2012	Booster			No		Yes
	10/03/2013	Booster			No		Yes
	11/14/2014	Booster			No		Yes
Pneumo-Poly	11/14/2014	1 of 2			No		Yes
Tdap > 7 years	11/14/2014	1 of 1			No		Yes

Current Age: 59 years, 6 months, 22 days

Vaccines Recommended by Selected Tracking Schedule

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Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
Hep A	05/16/1956	05/16/1956	05/16/1957	
Hep B	10/13/2000	10/13/2000	11/15/2000	
Influenza	12/12/2014	11/14/2015	11/14/2015	
Pneumo-Poly	11/14/2017	11/14/2019	12/14/2019	
Polio	06/27/1955	07/16/1955	08/16/1955	
Td	12/12/2014	12/14/2014	01/14/2015	
Tdap > 7 years		Complete		
Varicella	05/16/1968	05/16/1968	05/16/1968	
Zoster	05/16/2015	05/16/2015	05/16/2016	

Yellow = Can Administer Green = Due Blue = Overdue Pink = Completed or Invalid
 View Explanation of Schedule Highlighting

Print Confidential directs the user to a page for printing only the client's name, birthdate, gender, immunization history and vaccines recommended.

Client Information

Client Name (First - MI - Last)	DOB	Gender	Tracking Schedule
KERMITT FROG	05/16/1955	M	ACIP

History Return

Vaccine Group	Date Administered	Series	Trade Name	Dose
Hep B	09/02/2000	1 of 3		
	09/15/2000	NOT VALID		
Influenza	10/13/2012	Booster		
	10/03/2013	Booster		
	11/14/2014	Booster		
Pneumo-Poly	11/14/2014	1 of 2		
Tdap > 7 years	11/14/2014	1 of 1		

Current Age: 59 years, 6 months, 25 days

Vaccines Recommended by Selected Tracking Schedule

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Hep A	05/16/1956	05/16/1956	05/16/1957	
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Influenza	12/12/2014	11/14/2015	11/14/2015	
Pneumo-Poly	11/14/2017	11/14/2019	12/14/2019	
Polio	06/27/1955	07/16/1955	08/16/1955	
Td	12/12/2014	12/14/2014	01/14/2015	
Tdap > 7 years		Complete		
Varicella	05/16/1968	05/16/1968	05/16/1968	
Zoster	05/16/2015	05/16/2015	05/16/2016	

Yellow = Can Administer Green = Due Blue = Overdue Pink = Completed or Invalid
 View Explanation of Schedule Highlighting

Page will not print automatically. The user will have to make selection to print the page (File -> Print, etc)

Client Summary View, Read Only

Reports directs the user to a reports available screen for further selections.

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/123 • User: Iguana Reptile

Client Information VFC Eligible: No

Client Name (First - MI - Last) DOB Gender Mother's Maiden Tracking Schedule Chart #
 KERMITT FROG 05/16/1955 M ACP

Provider (PCP) Not on file
 School Not on file
 Funding P/E Not Eligible
 Insurance Providers No Insurance Providers on file
 Contraindications/Events

Responsible Person Information

Name	Relationship	Address	Phone	Notices?
KERMIT FROG	Self	123 Muppet Lane, Bearcreek, MT 59007		Yes

History

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?
Hep B	09/02/2000	1 of 3			No		Yes
	09/15/2000	NOT VALID			No		Yes
Influenza	10/13/2012	Booster			No		Yes
	10/03/2013	Booster			No		Yes
	11/14/2014	Booster			No		Yes
Pneumo-Poly	11/14/2014	1 of 2			No		Yes
Tdap > 7 years	11/14/2014	1 of 1			No		Yes

Current Age: 59 years, 6 months, 22 days

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Varicella	05/16/1968	05/16/1968	05/16/1968	
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 View Explanation of Schedule Highlighting

imMTrax Montana Immunization Information System home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/123 • User: Iguana Reptile

Client Information VFC Eligible: No


Client Name (First - MI - Last) DOB Gender Mother's Maiden Tracking Schedule Chart #
 KERMITT FROG 05/16/1955 M ACP

Address 123 Muppet Lane, Bearcreek, MT 59007

Reports Available for this Client

Report	Description	Additional Information
Vaccine Administration	Displays demographics, contact information, immunization history, as well as immunizations available.	Site* <input type="text"/> Language* ENGLISH
Complete Immunization	Displays demographics, registry data, contact information, as well as detailed immunization history.	None
Immunizations Needed	Displays demographics, contact information, immunization history, as well as immunizations needed.	None
School Entry Form	Displays Form HES-101, the School/Child Care Certificate of Immunization.	None

Report Viewing Requirements

 Registry reports are best viewed with Adobe Acrobat Reader 5.0 or later. Earlier versions of Adobe may work, but there will probably be formatting differences. If you do not have a qualifying version, click the Adobe image to the left to download the current version of Acrobat Reader. In addition, you may find helpful guidelines at the Adobe Support Site for configuring Acrobat Reader to work with your browser. Configuration guidelines for the Internet Explorer browser may be found at <http://www.adobe.com/support/techdocs/331025.html>, while the guidelines for the Netscape Browser may be found at <http://www.adobe.com/support/techdocs/328635.html>

Client Summary View, Read Only

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Montana
Immunization
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Query Only
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Manage Locations
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Org: Imafake Clinic • Site: Imafake Clinic/123 • User: Iguana Reptile

Client InformationVFC Eligible: No

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
KERMITT FROG	05/16/1955	M		ACIP	
Address 123 Muppet Lane, Bearcreek, MT 59007					

Reports Available for this Client

Report	Description	Additional Information	
Vaccine Administration	Displays demographics, contact information, immunization history, as well as immunizations available.	Site* <input type="text"/>	Language* ENGLISH
Complete Immunization	Displays demographics, registry data, contact information, as well as detailed immunization history.	None	
Immunizations Needed	Displays demographics, contact information, immunization history, as well as immunizations needed.	None	
School Entry Form	Displays Form HES-101, the School/Child Care Certificate of Immunization.	None	

Cancel

Report Viewing Requirements

Get Acrobat Reader

Registry reports are *best viewed* with Adobe Acrobat Reader 5.0 or later. Earlier versions of Adobe may work, but there will probably be formatting differences. If you do not have a qualifying version, click the Adobe image to the left to download the current version of Acrobat Reader. In addition, you may find helpful guidelines at the Adobe Support Site for configuring Acrobat Reader to work with your browser. Configuration guidelines for the Internet Explorer browser may be found at <http://www.adobe.com/support/techdocs/331025.html>, while the guidelines for the Netscape Browser may be found at <http://www.adobe.com/support/techdocs/328635.html>.

Select the blue
hyper link of the
desired report.

NOTE: The Vaccine
Administration Report
requires a site be chosen
via the drop down
provided.

Sample Vaccine Administration Report

11 December 2014		Montana Immunization Information System		Page 1 of 2	
Organization: Imafake Clinic Site: Imafake Clinic					
Vaccine Administration Record					
I authorize my health care provider and a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.					
Parent/Guardian Signature:		Date:			
CHART NUMBER					
Patient's Name (Last, First Middle) FROG, KERMITT		Current Age 59 years 6 months 25 days			
Social Security Number	Date of Birth (mm/dd/yyyy) 05/16/1955	Gender Male	Ethnicity Unknown		
Race (Check One) <input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Hispanic		Mother's Maiden Name (Last, First)			
Name of Physician (First Last) Anne Medicine		School or Day Care (if applicable)			
Name of Parent or Guardian Responsible for Patient (Last, First) FROG, KERMITT		Relationship to Patient Self			
Address 123 Muppet Lane		P.O. Box			
City Bearcreek	County UNKNOWN	State MT	Zip Code 59007		
Email address (if applicable)		Home Telephone Number ()		Work Telephone Number () Extension	
Is reminder/recall contact allowed? Yes		Would you like reminder/recall sent to you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Eligibility Status (Check all that apply) This section must be completed.		<input type="checkbox"/> No Insurance <input type="checkbox"/> Not Eligible <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Medicaid Recipient <input type="checkbox"/> Unknown or Undetermined <input type="checkbox"/> Underinsured - VFC <input type="checkbox"/> Underinsured - State Supplied			
Funding Programs/Eligibilities: Not Eligible					
Insurance Providers: No Funding Programs Found					
Contraindications/Events: No Contraindications/Events Found					
Comments: No Comments Found					
Immunization History Tracking Schedule: ACIP					
Immunization	Date Admin	Series	Trade Name	Dose	Reaction
Hep B	09/02/2000	1 of 3			
	09/15/2000	Not Valid			
Influenza	10/13/2012	Booster			
	10/03/2013	Booster			
	11/14/2014	Booster			
Pneumo-Poly	11/14/2014	1 of 2			
Tdap > 7 years	11/14/2014	1 of 1			

11 December 2014		Montana Immunization Information System		Page 2 of 2	
Organization: Imafake Clinic Site: Imafake Clinic					
Vaccine Administration Record					
CHART NUMBER					
Patient's Name (Last, First Middle) FROG, KERMITT		Current Age 59 years 6 months 25 days			
Social Security Number	Date of Birth (mm/dd/yyyy) 05/16/1955	Gender Male	Ethnicity Unknown		
Race (Check One) <input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Hispanic		Mother's Maiden Name (Last, First)			
Name of Physician (First Last) Anne Medicine		School or Day Care (if applicable)			
FOR OFFICE USE					
Vaccine	VTS Date	Body Route	Body Site *		
Hep A	10/25/2011	IM	RV	LV	RD LD
Hep B	07/18/2007	IM	RV	LV	RD LD
Influenza	07/02/2012	IM	RV	LV	RD LD
Pneumo-Poly	04/16/2010	SC	RV	LV	RD LD
Polio	11/08/2011		RV	LV	RD LD
Td	01/24/2012	IM	RV	LV	RD LD
Tdap > 7 years	01/24/2012	IM	RV	LV	RD LD
Varicella	03/13/2008	SC	RV	LV	RD LD
Zoster	10/06/2009	SC	RV	LV	RD LD
Other					
*RV = Right Vastus Lateralis LV = Left Vastus Lateralis RD = Right Deltoid LD = Left Deltoid Subcutaneous injections are administered in the muscle "area".					
SIGNATURE AND TITLE - Person Administering Vaccine				Date Vaccine Administered	

Sample Complete Immunization Report



State of Montana Official Immunization Record

Imafake Clinic / Imafake Clinic

Pin: 123 Phone:

12/11/2014



Client Name (L, F, M): **FROG, KERMITT**

Birth Date: **05/16/1955**

Gender: **MALE**

Primary Provider: **Anne Medicine**

Tracking Schedule: **ACIP**

Vaccine	Date Admin	Dose Number	Trade Name	Dose	Mfg Code	Lot #	Body Route	Body Site	Transcription	Reaction
Hep B	09/02/2000	1 of 3							DEFAULT ORGANIZATION	
	09/15/2000	Not Valid							DEFAULT ORGANIZATION	
Influenza	10/13/2012	Booster					OTH		17486	
	10/03/2013	Booster							DEFAULT ORGANIZATION	
	11/14/2014	Booster							DEFAULT ORGANIZATION	
Pneumo-Poly	11/14/2014	1 of 2							DEFAULT ORGANIZATION	
Tdap > 7 years	11/14/2014	1 of 1							DEFAULT ORGANIZATION	

No Contraindications Found

No Comments Found

Sample Immunizations Needed Report

11 December 2014

Montana Immunization Registry

Page 1 of 1

Imafake Clinic Immunization Record

Chart Number:	Tracking Schedule: ACIP		
Client Name (L, F M): FROG, KERMITT	Mother's Maiden Name (L, F M) _____		
Birth Date: 05/16/1955	Gender: Male	Race:	Ethnicity: Unknown

Relationship: Self	Name (L, F M): FROG, KERMITT		
Address: 123 Muppet Lane			
City: Bearcreek	State: MT	ZIP: 59007	Phone:

Funding Programs/Eligibilities:
Not Eligible
Insurance Providers:
No Funding Programs Found
Contraindications/Events:
No Contraindications/Events Found
Comments:
No Comments Found

Immunization History			Tracking Schedule: ACIP		
Immunization	Date Admin	Series	Trade Name	Dose	Reaction
Hep B	09/02/2000	1 of 3			
	09/15/2000	Not Valid			
Influenza	10/13/2012	Booster			
	10/03/2013	Booster			
	11/14/2014	Booster			
Pneumo-Poly	11/14/2014	1 of 2			
Tdap > 7 years	11/14/2014	1 of 1			

Vaccines Recommended by Selected Tracking Schedule	
Vaccine	Date Needed
Tdap > 7 years	Complete
Polio	07/16/1955
Hep A	05/16/1956
Varicella	05/16/1968
Hep B	10/13/2000
Zoster	05/16/2015
Influenza	11/14/2015
Pneumo-Poly	11/14/2019
Td	11/14/2024

Appointment: ____/____/____

Provider Phone Number:

Sample Immunizations Needed Report

STATE OF MONTANA - CHILD CARE FACILITY/SCHOOL CERTIFICATE OF IMMUNIZATION

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

SECTION I PLEASE PRINT CLEARLY

Child/Student's Name FROG, KERMIT	Birth Date 05/16/1955	Sex M	Primary Provider
Name of Parent/Guardian KERMIT FROG	Address 123 Muppet Lane		City/State/Zip Beauregard MT 59007
		Telephone Home: Work:	

SECTION II IMMUNIZATION HISTORY

Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).

Required Vaccines: (CC=Child Care Requirement; SR=School Requirement)	Month, Day & Year of Each Dose				
	1	2	3	4	5
Diphtheria/Tetanus/Polio (DTaP)	CC/SR	CC/SR	CC/SR	CC/SR	SR
Booster Dose Td (Tdap recommended)	11/14/2014 [#]				
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)	CC	CC	CC	CC	
Mumps/Mumps/Rubella (MMR)	CC/SR	SR			
or Mumps vaccine only					
Rubella vaccine only					
Polio (IPV or OPV)	CC/SR	CC/SR	CC/SR	SR	
Varicella (Chickenpox) (VZV or VAR)	CC	2nd Dose Recommended			
[] Check here if child has documentation of disease					
(* = Invalid Immunization, # = Tdap)					

ACIP* Recommended Vaccines:	Month, Day & Year of Each Dose				
	1	2	3	4	5
Hepatitis A					
Hepatitis B	09/02/2000	09/15/2000 [^]			
Human Papillomavirus (HPV) - for adolescents					
Influenza - recommended annually for all over 6 mos.	10/13/2012	10/03/2013	11/14/2014		
Meningococcal Conjugate Vaccine (MenCV4) (Ages 11-12 & later)					
Pneumococcal Conjugate vaccine (PCV)					
Rotavirus					

(* = Invalid Immunization)

THIS IS NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION

If filled out by health department or health care provider:

To the best of my knowledge, this child has received the above immunizations.

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

If filled out by school or child care personnel:

I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana.

Signed: _____
(School or Child Care Official and title) Date

Signed: _____
(School or Child Care Official and title) Date

Signed: _____
(School or Child Care Official and title) Date

Signed: _____
(School or Child Care Official and title) Date

FORM No. IZ HES101 (Revised 03/2011)

SECTION III

INSTRUCTIONS

Health Department or Physician

- For medical exemption purposes, a physician is a person licensed to practice medicine in any jurisdiction of the U.S. or Canada. This does not include chiropractic or naturopathic doctors, nurse practitioners or physician assistants.
- In Section II, please include vaccine doses with month, day and year for each administered dose. Immunization dates, as specified in the administrative rules, are necessary. Please sign and date the form.
- If the child is completing a vaccine series, a Conditional Attendance form can be used. The physician or health department will determine the date of each dose to be administered and put the schedule on the Conditional Attendance form. Please sign the Conditional Attendance form, and return to the school or child care facility.
- Immunization forms can be obtained directly from the local health department or the Montana Immunization Program at www.immunization.mt.gov.

School and Child Care Official

- Prior to attending, all students and child care facility attendees must have either a) the required immunizations and documentation or b) have completed the appropriate exemption or conditional attendance documentation. This includes transfer students.
- Documentation must meet the criteria of the Administrative Rules of Montana. This is limited to other school health records and certain documents from health departments and physicians.
- Transferring information from supporting documentation to this form must be done by a school or child care official. The school or child care official must then sign and date the form (Section II) and attach the supporting documentation.
- Conditional Attendance form, once completed and attached to this document, allows attendance so long as immunization continues as scheduled.
- School Transfer Student:
There is no transfer period allowed. Transfer students must provide adequate documentation of immunization PRIOR to attending school.
a) Transferring In: Students who transfer into Montana from out of state must have their immunization information recorded on this form (See number 2 above regarding acceptable documentation.) Student must meet Montana immunization requirements.
b) Transferring Out: If students transfer out of your school, a copy of this record should be maintained for one year following the transfer. The Montana law requires schools to forward the original Certificate of Immunization to the school to which students transfer.
c) Homeless Students: All homeless students must be immediately enrolled in a Montana school to ensure compliance with the McKinney-Vento Act. Students should be assigned a liaison who can assist them in obtaining either appropriate documentation of immunization or in obtaining the required immunizations.

Parent

- Montana law requires immunization information be recorded on this document for persons to attend Montana schools, preschools, and child care facilities.
- ONLY school, child care and health officials can complete this form. School and child care officials need documentation from physicians or health departments as described by the Administrative Rules of Montana (examples: A completed Montana Certificate of Immunization, A signed Immunization record card). It is the parent's responsibility to provide these documents to the school or child care facility.
- Religious exemption and conditional attendance may be used in accordance with the Immunization Law and Administrative rules. The Religious Exemption may be used in school settings and must be renewed annually. Religious exemption for child care only applies to Haemophilus influenzae type b (Hib), and must be renewed annually.
- Montana law prohibits children from attending any Montana school or child care facility prior to meeting immunization requirements.
- If your child transfers to another Montana school, a copy of this completed form will allow your child to enter that school. However, the original Certificate of Immunization must be provided to the new school within 30 days of transfer in order for the child to attend.

SECTION IV

EXEMPTIONS

Please refer to the form HES101A at
<http://www.dphhs.mt.gov/publichealth/immunization/documents/NewMedicalExemptionForm08132012.pdf>

SECTION V

Montana Code: Annotated
20-5-101 - 410: Montana Immunization Law
52-2-735: Day Care Certification

LEGAL REFERENCES

Administrative Rules of Montana
37.114.701-721: Immunization of K-12, Preschool and Post secondary Schools
37.95.140: Day Care Center Immunizations
Group Day Care Homes - Health
Family Day Care Homes - Health

If you have any questions about: 1) the use of this form; 2) obtaining copies of immunization forms, laws, or rules; or 3) whether or not a person meets attendance requirements, please contact your local health department or the Montana Immunization Program, DPHHS, Cogswell Building, Helena, MT 59620. Phone (406)444-5580. www.immunization.mt.gov

FORM No. IZ HES101 (Revised 03/2011)

Montana Department of Health
and Human Services
Public Health and Safety
Division
Immunization Program

Questions?

Michelle Funchess, IIS Training and Support
(406) 444-2969
mfunchess@mt.gov